**DEPARTMENT OF SOCIAL SERVICES**

**Notice of Proposed Medicaid State Plan Amendment (SPA)**

**SPA 18-A: Changes to Non-Emergency Medical Transportation (NEMT) Program**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services.

## Changes to Medicaid State Plan

Effective January 1, 2018, SPA 18-A will amend Attachments 3.1-A, 3.1-B, and 4.19-B of the Medicaid State Plan to reflect changes in the model of providing Non-Emergency Medical Transportation (NEMT) to Medicaid beneficiaries. DSS will maintain a broker model for the provision of NEMT services, but will change the reimbursement methodology from a fee-for-service approach using a published fee schedule to an at-risk model, using a per member per month (PMPM) rate. Reimbursement for non-emergency ambulance services will be outside of the PMPM rate. Rates for non-emergency ambulance will not change under this SPA. The goal of this change is to engage high quality local transportation providers and use publicly available transportation to enable members who need assistance getting to Medicaid services in the most appropriate, timely manner.

The new transportation model will maintain the traditional modes of fulfilling the NEMT requirement, but will include the addition of Independent-Driver Providers (IDPs). The IDPs will allow the NEMT broker to quickly increase capacity, respond and react to urgent and unanticipated trips. The new model will also incorporate modern technology, including GPS tracking on a driver application available from the new broker.

## Fiscal Impact

Based on available information, DSS estimates that this SPA will be cost-neutral and will not have an impact on Medicaid expenditures in state fiscal year (SFY) 2018 and SFY 2019.

## Obtaining SPA Language and Submitting Comments

This SPA is posted on the DSS web site at the following link: http://portal.ct.gov/dss. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: Public.Comment.DSS@ct.gov or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference "SPA 18-A: Changes to Non-Emergency Medical Transportation Program".

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 10, 2018.

**STATE/TERRITORY: CONNECTICUT**

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

---

**29. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary in accordance with section 1905(a)(28) of the Social Security Act and 42 CFR 440.170.**

**(a) Ambulance**

**(1) Emergency Ambulance**
☒ Provided Without limitations ☐ Provided With limitations
☐ Not Provided

**(2) Non-Emergency Ambulance**
☒ Provided Without limitations ☐ Provided With limitations
☐ Not Provided

**(3) Air Ambulance (rotary wing and fixed wing)**
☒ Provided Without limitations ☐ Provided With limitations
☐ Not Provided

**(b) Non-Emergency Medical Transportation**

☐ Non-emergency transportation is provided in accordance with 42 CFR §431.53 as an administrative Service.

☐ Without limitations ☐ With limitations (Describe limitations in a Supplement to 3.1A either a Supplement or in Attachment 3.1D)

☐ Non-emergency transportation is provided without a broker in accordance with 42 CFR §440.170 as an optional medical service, excluding "school-based" transportation.

☐ Without limitations ☐ With limitations (Describe limitations in either a Supplement to 3.1A or in Attachment 3.1D)

(If non-emergency transportation is provided without a broker as an optional medical service or as an administrative service, **the state should describe in Attachment 3.1D how the transportation program operates** including types of transportation and transportation related services provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other Agencies or programs.)

☒ Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

☒ The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).

(1) The State will operate the broker program without regard to the requirements of the following paragraphs of section 1902(a);

**STATE/TERRITORY: CONNECTICUT**

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

---

☐ (1) state-wideness (Please indicate the areas of State that are covered by the broker. If the State chooses to contract with more than one broker the State must provide a separate preprint for each broker)

☐ (10)(B) comparability

☒ (23) freedom of choice

(2) Transportation services provided will include:

☒ wheelchair van

☒ taxi

stretcher car

☒ bus passes

☒ tickets

☒ secured transportation

☒ other transportation (if checked describe below other types of transportation provided.)

Other transportation may include: 1) livery services; 2) air and ground ambulance; 3) commercial air transportation for specialty medical services not available in Connecticut or in bordering states when less expensive transportation is not medically appropriate; 4) mileage reimbursement for transportation provided by beneficiaries, friends or family members, or attendants/companions through one of the Department's home and community based services waiver programs; 5) independent driver providers under the auspices of a transportation network company; and 6) ADA paratransit services.

(3) The State assures that transportation services will be provided under a contract with a broker who:

(i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;
(ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous;
(iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services; and
(iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)

(4) The broker contract will provide transportation to the following categorically needy mandatory populations:

☒ Low-income families with children (section 1931)

☒ Deemed AFDC-related eligibles

**STATE/TERRITORY: CONNECTICUT**

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

---

☒ Poverty-level related pregnant women

☒ Poverty-level infants

☒ Poverty-level children 1 through 5

☒ Poverty-level children 6 – 18

☒ Qualified pregnant women AFDC – related

☒ Qualified children AFDC – related

☒ IV-E foster care and adoption assistance children

☒ TMA recipients (due to employment) (section 1925)

TMA recipients (due to child support)

☒ SSI recipients

☒ Individuals eligible under 1902(a)(10)(A)(i)- new eligibility group VIII (very-low income adults who are not otherwise eligible under any other mandatory eligibility group)

(5) The broker contract will provide transportation to the following categorically needy optional populations:

☒ Optional poverty-level - related pregnant women

☒ Optional poverty-level - related infants

☒ Optional targeted low income children

☒ Non IV-E children who are under State adoption assistance agreements

☒ Non IV-E independent foster care adolescents who were in foster care on their 18th birthday

☒ Individuals who meet income and resource requirements of AFDC or SSI

☒ Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency

☐ Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law

☒ Children aged 15-20 who meet AFDC income and resource requirements

☒ Individuals who would be eligible for AFDC or SSI if they were not in a medical institution

☒ Individuals infected with TB

☒ Individuals screened for breast or cervical cancer by CDC program

☐ Individuals receiving COBRA continuation benefits

☒ Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard

☒ Individuals receiving home and community based waiver services who would only be

eligible under State plan if in a medical institution (please note that the broker may only provide transportation to and from 1905(a) services).

☐ Individuals terminally ill if in a medical institution and will receive hospice care

☐ Individuals aged or disabled with income not above 100% FPL

☒ Individuals receiving only an optional State supplement in a 209(b) State

☒ Individuals working disabled who buy into Medicaid (BBA working disabled group)

☒ Employed medically improved individuals who buy into Medicaid under TWWIIA Medical Improvement Group

☒ Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids)

(6) Payment Methodology

(A) Please describe the methodology used by the State to pay the broker:

For transportation costs, the broker is reimbursed a per member per month (PMPM) rate that reflects estimated transportation service costs, plus a 2% underwriting gain. On a monthly basis, the Department sends the broker a file which includes all beneficiaries for whom PMPM payments will be made.

The PMPM rate includes Medicaid-covered transportation service costs but excludes non-emergency ambulance services, which are billed directly to the Department's MMIS.

The broker is also paid funds under the broker contract for administrative (i.e., non-transportation) services including salary and fringe and other direct costs solely related to the broker contract.

The Department will review the broker's audited financial statement against the total payments issued to the broker annually. In the event that the total payments exceed the annual combined administrative and transportation service costs, based on encounter data provided by the broker, the Department will evaluate and score the performance measures to determine an amount up to five percent (5.0%) of the total costs available to the broker to either retain as underwriting gain (up to a maximum of five percent, 5%) or reduce the underwriting losses. The ability to access any funding within the performance band, including the 2.0% underwriting gain, is dependent upon the broker's performance. Any or all of the underwriting gain, including the first two percent (2.0%), may be denied if performance on quality is not met.

**STATE/TERRITORY: CONNECTICUT**

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

---

.

(B) Please describe how the transportation provider will be paid:

The Department pays the broker on a monthly basis. Payment will be issued to the broker through the Department's Medicaid Management Information Systems (MMIS) vendor, in the second claim cycle of each month. The Department will recover from the broker any PMPM payments made for individuals who are not entitled to the NEMT benefit. The broker will enter into subcontracts with transportation services providers, who will be rates to be negotiated between the broker and providers.

(C) What is the source of the non-Federal share of the transportation payments?
Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

The source of non-federal funds is cash appropriation from the state legislature to the Department of Social Services, which is the single state Medicaid agency.

(D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.

(E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).

(F) The State has included Federal Medicaid matching funds as State match when drawing down FTA SAFETEA–LU grants.

(7) The broker is a non-governmental entity:

☒ The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).

☐ The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:

☐ Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.

☐ Transportation is so specialized that there is no other available Medicaid participating

**STATE/TERRITORY: CONNECTICUT**

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

---

provider or other provider determined by the State to be qualified except the non-governmental broker

☐ The availability of other non-governmental Medicaid participating providers or other Providers determined by the State to be qualified is insufficient to meet the need for transportation.

(8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:

☐ Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.

☐ Document that with respect to each individual beneficiary's specific transportation needs, the government provider is the most appropriate and lowest cost alternative.

☐ Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the amount charged to other human services agencies for the same service.

(9) Please provide a complete description of how the NEMT brokerage program operates. Include all services provided by the broker ( call center, over-sight of providers, etc.). If applicable, describe any transportation services that will not be provided by the broker and how these services will be provided

See Supplement 4 to Page 9(e) of Attachment 3.1-A.

**STATE/TERRITORY: CONNECTICUT**

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDICAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

---

## Description of the Connecticut Non-Emergency Medical Transportation Brokerage Program

### Overview

The State of Connecticut Department of Social Services' (the "Department's") Non-Emergency Medical Transportation (NEMT) brokerage program provides Medicaid beneficiaries with access to non-emergency transportation to medical appointments. Transportation is arranged for and provided through the most cost effective means which meet the Member's mobility status, personal capabilities and medical needs.

The Department entered into a risk contract with a private vendor (the "broker contract"). The broker is reimbursed based on a per member/per month basis, with the intent that this will provide the broker with the maximum flexibility and capacity to engage a range of transportation through the state in order to best serve Medicaid members.

The brokerage program is intended to elevate the use of technology, innovation and data to enhance Members' NEMT experience, thus contributing to an improvement in their overall health. The program is also intended to create a person-centered service system that is cost-effective while utilizing technology and other innovative solutions in transportation booking, scheduling, monitoring and reporting to provide full access to Medicaid Members. The service region is statewide. The broker shall provide non-emergency transportation services to providers throughout the State of Connecticut, to border providers and to select providers in non-contiguous states, if the Department determines this is medically necessary**.**

### Types of Transportation Provided

The brokerage program offers a variety of modes of transportation, including, but not limited to: public transportation, mileage reimbursement, homemaker-companion agency mileage as allowed in the CT Home Care Program for Elders, taxi/livery, wheelchair accessible taxi/livery, invalid coach (licensed by the State Department of Public Health) air and ground ambulance, commercial air, group or shared ride vehicles, except for beneficiaries who are immunocompromised or for whom this is otherwise not medically appropriate. The program also uses NEMT-specialized Independent Driver-Providers (IDPs) to supplement traditional types of commercial transportation providers. The IDPs shall meet or exceed all requirements for transportation network company providers under state law. The IDPs shall

also participate in training that is specific to the transportation needs of Medicaid members, such as ADA sensitivity and cultural competency. The IDPs also undergo multistate background checks to ensure safety and the highest level of quality. The broker may also use paratransit programs offered by local ADA paratransit service providers.

**Transportation Providers and Subcontracts**

The broker maintains a transportation network that has a variety of providers for each mode of transportation. The broker ensures the ability to provide necessary NEMT services by establishing a network of providers through the use of subcontracts. All subcontracts must be in writing and include requirements of the brokerage contract that are appropriate to the services provided by the subcontractor. The broker shall make available to the Department all documentation on all subcontractors and subcontracts, including but not limited to each subcontractor's: business licenses, certifications, insurance coverage, driver verifications, vehicle inspections, and all other relevant documentation. The broker also implements a monitoring plan to monitor the performance of each subcontracted transportation provider to ensure compliance with the terms of their subcontracts and must cooperate in the performance of financial, quality or other audits conducted by the Department or its agents.

**Member Services**

The broker maintains a member services office, with its primary support in the state of Connecticut. In order to ensure appropriate staffing and access, the broker may contract for additional member services during periods of high-call volume and on non-business days or during non-business hours when member services' support is needed in response to a severe weather or disaster event in Connecticut. All staff, including subcontractor staff, must be located within the United States and must receive training specific to Medicaid services prior to providing services to beneficiaries. The broker must maintain a comprehensive disaster recovery and business continuity plan, which is subject to Department review and approval.

The broker provides a toll- free number for scheduling transportation and responding to inquiries from members, healthcare providers, facilities and transportation providers. The phone number is staffed twenty-four (24) hours per day, seven days per week to provide transportation for urgent care on holidays, weekends, and after business hours and for after-hours discharges.

The broker contract sets performance standards for call response time, abandonment rates and average hold times. These standards are subject to periodic review and reassessment to ensure that beneficiaries' needs are being met.

**STATE/TERRITORY: CONNECTICUT**

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

---

## Prior Authorization

All requests for NEMT services are subject to prior authorization. Requests for prior authorization may be made by the beneficiary, the beneficiary's family member or other legal representative, a health care facility or provider. In no event may a transportation provider seek prior authorization on behalf of a beneficiary.

Requests for non-urgent services must be made at least forty-eight (48) business hours in advance of the appointment. Requests for bus passes should be made at least five (5) days in advance to allow for sufficient mailing time.

The broker contacts a needs test prior to the authorization of services. This includes verification of the eligibility, verification that the transportation is not covered by other programs, verification that the healthcare service is covered by Medicaid, and verification that that the trip is to a local provider of services.

Beneficiaries are required to use transportation resources that are already available to the Member. If no transportation resources are available, the broker shall ensure that the lowest cost resources are used first. The priority order of mode of travel is as follows: walking, public transit, mileage reimbursement, ambulatory, and wheelchair. The resources to be considered by the broker include public transit systems, personal mileage reimbursement, or other free or low-cost means of transportation. All prior authorization decisions are based on the beneficiary's Member's mobility status, personal capabilities and medical needs. The length of authorizations shall be tailored to the scope and expected duration of a beneficiary's limitation or disability. The broker follows the Department's "shared ride" policy for multi-passenger grouped trips. This policy excludes a member from multi-passenger trips when it is inappropriate, including, but not limited to, situations in which a member is immunocompromised.

The broker shall ensure that trips provided outside of a beneficiaries local community (more than 10 miles in urban areas and more than 20 miles in a rural area) are limited to circumstances in which it is medically necessary for the beneficiary to see a provider outside his or her local community.

The broker employs clinical coordinators to make medical necessity determinations in pre-authorization decisions and for other verifications. Such determinations include: attendant requests, complex mode of transportation requests, and trips to non-local providers. All

coordinators shall have the clinical background and experience necessary to review and consider medical documentation and requests.

## Quality Assurance

The broker must establish quality assurance procedures that shall be used to monitor and obtain feedback from beneficiaries on the quality of the transportation services provided. The quality assurance plan shall include, but not be limited to, driver conduct, vehicle safety, and member service. Transportation providers shall be required to comply with quality assurance requirements. The broker shall report on its quality assurance and is further required to submit a subcontractor monitoring report that provides information collected from the Contractor's monitoring of their transportation providers.

## Fraud

The broker shall develop policies to prevent, detect, investigate and report potential fraud and abuse occurrences and must notify the Department as soon as possible, based upon the nature and severity, and no more than two (2) business days of the discovery of any Medicaid fraud or abuse. Transportation provider contracts must contain language that requires the providers to have procedures in place for the prevention, detection, and reporting of suspected fraud and abuse, in conformance with the CMS Program Integrity: Non-Emergency Medical Transportation Toolkit and other publications approved by CMS or the Department.

## Performance Measures and Sanctions

The broker is held to performance standards in a number of areas. Failure to meet standards will result in a monetary sanction. The Department may further sanction the broker for failure to adhere to any other Medicaid requirements, acts or omissions that hard or could result in harm to a beneficiary or other conduct that violates applicable state or federal law.
The specific areas covered by performance measures with corresponding monetary sanctions are:

- Timely submission of reports
- Failure to respond to a beneficiary complaint
- Inappropriate multi-loading
- Utilization of a transportation provider who has been excluded from any federal health care program, including Medicaid
- Utilization of a provider or driver not properly licensed

**STATE/TERRITORY: CONNECTICUT**

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

---

- Failure to meet member services performance standards
- Failure to conduct required pre and post-trip verification
- Exceeding wait times
- Failure to follow incident and accident reporting requirements in the broker contract

**STATE/TERRITORY: CONNECTICUT**

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY**

---

**29. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary in accordance with section 1905(a)(28) of the Social Security Act and 42 CFR 440.170.**

**(a) Ambulance**

**(1) Emergency Ambulance**
☒ Provided Without limitations ☐ Provided With limitations
☐ Not Provided

**(2) Non-Emergency Ambulance**
☒ Provided Without limitations ☐ Provided With limitations
☐ Not Provided

**(3) Air Ambulance (rotary wing and fixed wing)**
☒ Provided Without limitations ☐ Provided With limitations
☐ Not Provided

**(b) Non-Emergency Medical Transportation**

☐ Non-emergency transportation is provided in accordance with 42 CFR §431.53 as an administrative Service.

☐ Without limitations ☐ With limitations (Describe limitations in a Supplement to 3.1A either a Supplement or in Attachment 3.1D)

☐ Non-emergency transportation is provided without a broker in accordance with 42 CFR §440.170 as an optional medical service, excluding "school-based" transportation.

☐ Without limitations ☐ With limitations (Describe limitations in either a Supplement to 3.1A or in Attachment 3.1D)

(If non-emergency transportation is provided without a broker as an optional medical service or as an administrative service, **the state should describe in Attachment 3.1D how the transportation program operates** including types of transportation and transportation related services provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other Agencies or programs.)

☒ Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

☒ The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).

(1) The State will operate the broker program without regard to the requirements of the following paragraphs of section 1902(a):

**STATE/TERRITORY: CONNECTICUT**

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY**

---

☐ ☐ (1) state-wideness (Please indicate the areas of State that are covered by the broker. If the State chooses to contract with more than one broker the State must provide a separate preprint for each broker)

☐ (10)(B) comparability

☒ (23) freedom of choice

(2) Transportation services provided will include:

☒ wheelchair van

☒ taxi

stretcher car

☒ bus passes

☒ tickets

☒ secured transportation

☒ other transportation (if checked describe below other types of transportation provided.)

Other transportation may include 1) livery services; 2) air and ground ambulance; 3) commercial air transportation for specialty medical services not available in Connecticut or in bordering states when less expensive transportation is not medically appropriate4) mileage reimbursement for transportation provided by beneficiaries, friends or family members, or attendants/companions through one of the Department's home and community based services waiver programs; 5) independent driver providers under the auspices of a transportation network company; and 6) ADA paratransit services.

(3) The State assures that transportation services will be provided under a contract with a broker who:

(i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;

(ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous;

(iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services; and

(iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)

(4) The broker contract will provide transportation to the following medically needy populations under section 1902(a)10(C):

☒ Children under age 21, or under age 20, 19, or 18 and reasonable classifications as the State may choose

☒ Parents or other caretaker relatives with whom a child is living if child is a dependent child

**STATE/TERRITORY: CONNECTICUT**

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY**

---

- ☒ Children under age 21, or under age 20, 19, or 18 and reasonable classifications as the State may choose
- ☒ Parents or other caretaker relatives with whom a child is living if child is a dependent child
- ☒ Aged (65 years of age or older)
- ☒ Blind
- ☒ Disabled
- ☒ Permanently or totally disabled individuals 18 or older, under title XVI
- ☐ Persons essential to recipients under title I, X, XIV, or XVI
- ☐ Blind or disabled as defined in section 1614 with respect to States not eligible to participate in the State plan program under title XVI
- ☒ Pregnant women
- ☒ Newborns

(5) Payment Methodology

(A) Please describe the methodology used by the State to pay the broker:

For transportation costs, the broker is reimbursed a per member per month (PMPM) rate that reflects estimated transportation service costs, plus a 2% underwriting gain. On a monthly basis, the Department sends the broker a file which includes all beneficiaries for whom PMPM payments will be made.

The PMPM rate includes Medicaid-covered transportation service costs but excludes non-emergency ambulance services, which are billed directly to the Department's MMIS.

The broker is also paid funds under the broker contract for administrative (i.e., non-transportation) services including salary and fringe and other direct costs solely related to the broker contract.

The Department will review the broker's audited financial statement against the total payments issued to the broker annually. In the event that the total payments exceed the annual combined administrative and transportation service costs, based on encounter data provided by the broker, the Department will evaluate and score the performance measures to determine an amount up to five percent (5.0%) of the total costs available to the broker to either retain as underwriting gain (up to a maximum of five percent, 5%) or reduce the underwriting losses. The ability to access any funding within the performance band, including the 2.0% underwriting gain, is dependent upon the broker's performance. Any or all of the underwriting gain, including the first two percent (2.0%), may be denied if performance on quality is not met.

(B) Please describe how the transportation provider will be paid:

The Department pays the broker on a monthly basis. Payment will be issued to the broker through the Department's Medicaid Management Information Systems (MMIS) vendor, in the second claim cycle of each month. The Department will recover from the broker any PMPM payments made for individuals who are not

entitled to the NEMT benefit. The broker will enter into subcontracts with transportation services providers, who will be rates to be negotiated between the broker and providers.

(C) What is the source of the non-Federal share of the transportation payments?
Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

The source of non-federal funds is cash appropriation from the state legislature to the Department of Social Services, which is the single state Medicaid agency.

(D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.

(E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).

(F) The State has included Federal Medicaid matching funds as State match when drawing down FTA SAFETEA–LU grants.

(6) The broker is a non-governmental entity:

☒ The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).

☐ The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:

☐ Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.

☐ Transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker

☐ The availability of other non-governmental Medicaid participating providers or other

**STATE/TERRITORY: CONNECTICUT**

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY**

---

Providers determined by the State to be qualified is insufficient to meet the need for transportation.

(7) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:

☐ Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.

☐ Document that with respect to each individual beneficiary's specific transportation needs, the government provider is the most appropriate and lowest cost alternative.

☐ Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the amount charged to other human services agencies for the same service.

(8) Please provide a complete description of how the NEMT brokerage program operates. Include all services provided by the broker (call center, over-sight of providers, etc.). If applicable, describe any transportation services that will not be provided by the broker and how these services will be provided

See Supplement 4 to Page 8(e) of Attachment 3.1-B.

**STATE/TERRITORY: CONNECTICUT**

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY**

---

## Description of the Connecticut Non-Emergency Medical Transportation Brokerage Program

### Overview

The State of Connecticut Department of Social Services' (the "Department's") Non-Emergency Medical Transportation (NEMT) brokerage program provides Medicaid beneficiaries with access to non-emergency transportation to medical appointments. Transportation is arranged for and provided through the most cost effective means which meet the beneficiary's mobility status, personal capabilities and medical needs.

The Department entered into a risk contract with a private vendor (the "broker contract"). The broker is reimbursed based on a per member/per month basis, with the intent that this will provide the broker with the maximum flexibility and capacity to engage a range of transportation through the state in order to best serve Medicaid beneficiaries.

The brokerage program is intended to elevate the use of technology, innovation and data to enhance beneficiaries' NEMT experience, thus contributing to an improvement in their overall health. The program is also intended to create a person-centered service system that is cost-effective while utilizing technology and other innovative solutions in transportation booking, scheduling, monitoring and reporting to provide full access to Medicaid beneficiaries. The service region is statewide. The broker shall provide non-emergency transportation services to providers throughout the State of Connecticut, to border providers and to select providers in non-contiguous states, if the Department determines this is medically necessary**.**

### Types of Transportation Provided

The brokerage program offers a variety of modes of transportation, including, but not limited to: public transportation, mileage reimbursement, homemaker-companion agency mileage as allowed in the CT Home Care Program for Elders, taxi/livery, wheelchair accessible taxi/livery, invalid coach (licensed by the State Department of Public Health) air and ground ambulance, commercial air, group or shared ride vehicles, except for beneficiaries who are immunocompromised or for whom this is otherwise not medically appropriate. The program also uses NEMT-specialized Independent Driver-Providers (IDPs) to supplement traditional types of commercial transportation providers. The IDPs must meet or exceed all requirements for transportation network company providers under state law. The IDPs will

also participate in training that is specific to the transportation needs of Medicaid beneficiariess, such as ADA sensitivity and cultural competency. The IDPs also undergo multistate background checks to ensure safety and the highest level of quality. The broker may also use paratransit programs offered by local ADA paratransit service providers.

**Transportation Providers and Subcontracts**

The broker maintains a transportation network that has a variety of providers for each mode of transportation. The broker ensures the ability to provide necessary NEMT services by establishing a network of providers through the use of subcontracts. All subcontracts must be in writing and include requirements of the broker contract that are appropriate to the services provided by the subcontractor. The broker shall make available to the Department all documentation on all subcontractors and subcontracts, including but not limited to each subcontractor's: business licenses, certifications, insurance coverage, driver verifications, vehicle inspections, and all other relevant documentation. The broker also implements a monitoring plan to monitor the performance of each subcontracted transportation provider to ensure compliance with the terms of their subcontracts and must cooperate in the performance of financial, quality or other audits conducted by the Department or its agents.

**Member Services**

The broker maintains a member services office, with its primary support in the state of Connecticut. In order to ensure appropriate staffing and access, the broker may contract for additional member services during periods of high-call volume and on non-business days or during non-business hours when member services' support is needed in response to a severe weather or disaster event in Connecticut. All staff, including subcontractor staff, must be located within the United States and must receive training specific to Medicaid services prior to providing services to beneficiaries. The broker must maintain a comprehensive disaster recovery and business continuity plan, which is subject to Department review and approval.

The broker provides a toll- free number for scheduling transportation and responding to inquiries from beneficiaries, healthcare providers, facilities and transportation providers. The phone number is staffed twenty-four (24) hours per day, seven days per week to provide transportation for urgent care on holidays, weekends, and after business hours and for after-hours discharges.

**STATE/TERRITORY: CONNECTICUT**

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

---

The broker contract sets performance standards for call response time, abandonment rates and average hold times. These standards are subject to periodic review and reassessment to ensure that beneficiaries' needs are being met.

## Prior Authorization

All requests for NEMT services are subject to prior authorization. Requests for prior authorization may be made by the beneficiary, the beneficiary's family member or other legal representative, a health care facility or provider. In no event may a transportation provider seek prior authorization on behalf of a beneficiary.

Requests for non-urgent services must be made at least forty-eight (48) business hours in advance of the appointment. Requests for bus passes should be made at least five (5) days in advance to allow for sufficient mailing time.

The broker conducts a needs test prior to the authorization of services. This includes verification of the eligibility, verification that the transportation is not covered by other programs, verification that the healthcare service is covered by Medicaid, and verification that that the trip is to a local provider of services.

Beneficiaries are required to use transportation resources that are already available to the Beneficiary. If no transportation resources are available, the broker shall ensure that the lowest cost resources are used first. The priority order of mode of travel is as follows: walking, public transit, mileage reimbursement, ambulatory, and wheelchair. The resources to be considered by the broker include public transit systems, personal mileage reimbursement, or other free or low-cost means of transportation. All prior authorization decisions are based on the beneficiary's mobility status, personal capabilities and medical needs. The length of authorizations shall be tailored to the scope and expected duration of a beneficiary's limitation or disability.
The broker follows the Department's "shared ride" policy for multi-passenger grouped trips. This policy excludes a beneficiary from multi-passenger trips when it is inappropriate, including, but not limited to, situations in which a beneficiary is immunocompromised.

The broker shall ensure that trips provided outside of a beneficiary's local community (more than 10 miles in urban areas and more than 20 miles in a rural area) are limited to circumstances in

which it is medically necessary for the beneficiary to see a provider outside his or her local community.

The broker employs clinical coordinators to make medical necessity determinations in pre-authorization decisions and for other verifications. Such determinations include: attendant requests, complex mode of transportation requests, and trips to non-local providers. All coordinators shall have the clinical background and experience necessary to review and consider medical documentation and requests.

## Quality Assurance

The broker must establish quality assurance procedures that shall be used to monitor and obtain feedback from beneficiaries on the quality of the transportation services provided. The quality assurance plan shall include, but not be limited to, driver conduct, vehicle safety, and member service. Transportation providers shall be required to comply with quality assurance requirements. The broker shall report on its quality assurance and is further required to submit a subcontractor monitoring report that provides information collected from the Contractor's monitoring of their transportation providers.

## Fraud

The broker shall develop policies to prevent, detect, investigate and report potential fraud and abuse occurrences and must notify the Department as soon as possible, based upon the nature and severity, and no more than two (2) business days of the discovery of any Medicaid fraud or abuse. Transportation provider contracts must contain language that requires the providers to have procedures in place for the prevention, detection, and reporting of suspected fraud and abuse, in conformance with the CMS Program Integrity: Non-Emergency Medical Transportation Toolkit and other publications approved by CMS or the Department.

## Performance Measures and Sanctions

The broker is held to performance standards in a number of areas. Failure to meet standards will result in a monetary sanction. The Department may further sanction the broker for failure to adhere to any other Medicaid requirements, acts or omissions that hard or could result in harm to a beneficiary or other conduct that violates applicable state or federal law.
The specific areas covered by performance measures with corresponding monetary sanctions are:

**STATE/TERRITORY: CONNECTICUT**

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

- Timely submission of reports
- Failure to respond to a beneficiary complaint
- Inappropriate multi-loading
- Utilization of a transportation provider who has been excluded from any federal health care program, including Medicaid
- Utilization of a provider or driver not properly licensed
- Failure to meet member services performance standards
- Failure to conduct required pre and post-trip verification
- Exceeding wait times
- Failure to follow incident and accident reporting requirements in the broker contract

**Reimbursement**

For transportation costs, the broker is reimbursed a per member per month (PMPM) rate of $4.81 times the Medicaid enrollment based on each month's Medicaid enrollment. This rate reflects the $4.72 PMPM estimated transportation service costs, plus the 2% underwriting gain. On a monthly basis, the Department sends the broker a file which includes all beneficiaries for whom PMPM payments will be made.

The PMPM rate includes Medicaid-covered transportation service costs but excludes non-emergency ambulance services, which are billed directly to the Department's MMIS.

The broker is also paid funds under the broker contract for administrative (i.e., non-transportation) services including salary and fringe and other direct costs solely related to the broker contract.

The Department will review the broker's audited financial statement against the total payments issued to the broker annually. In the event that the total payments exceed the annual combined administrative and transportation service costs, based on encounter data provided by the broker, the Department will evaluate and score the performance measures to determine an amount up to five percent (5.0%) of the total costs available to the broker to either retain as underwriting gain (up to a maximum of five percent, 5%) or reduce the underwriting losses. The ability to access

**STATE/TERRITORY: CONNECTICUT**

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

---

any funding within the performance band, including the 2.0% underwriting gain, is dependent upon the broker's performance. Any or all of the underwriting gain, including the first two percent (2.0%), may be denied if performance on quality is not met.

**STATE/TERRITORY: CONNECTICUT**

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDICAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY**

---

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: CONNECTICUT

**29. Methods and Standards for Establishing Rates – Other types of Care**

**A. Transportation**

(1) Ambulance - All rates are published at www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download" and select the "Transportation" subcategory listed below. Except as otherwise noted in the plan, state-developed fee schedule rates for these services are the same for both governmental and private providers.

(a) Fees for emergency medical transportation were set as of August 1, 2015 and are effective for services provided on or after that date. Select the "Transportation – Basic/Advanced" fee schedule.

(b) Fees for non-emergency ambulance services were set as of August 1, 2015 and are effective for services provided on or after that date. Select the "Transportation – Basic/Advanced" fee schedule.

(c) Fees for emergency conventional air ambulance services (rotary wing) were set as of December 1, 2012 and are effective for services provided on or after that date. Select the "Transportation – Critical Helicopter" fee schedule. Fees for emergency conventional air ambulance services (fixed wing) are manually priced. Select the "Transportation – Air Ambulance" fee schedule.

(2) Non-Emergency Medical Transportation (NEMT)

The broker is reimbursed a per member per month (PMPM) rate that reflects estimated transportation service costs, plus a 2% underwriting gain. On a monthly basis, the Department sends the broker a file which includes all beneficiaries for whom PMPM payments will be made.

The PMPM rate includes Medicaid-covered transportation service costs but excludes non-emergency ambulance services, which are billed directly to the Department's MMIS.

The broker is also paid funds under the broker contract for administrative (i.e., non-transportation) services including salary and fringe and other direct costs solely related to the broker contract.

The Department will review the broker's audited financial statement against the total payments issued to the broker annually. In the event that the total payments exceed the annual combined administrative and transportation service costs, based on encounter data provided by the broker, the Department will evaluate and score the performance measures to determine an amount up to five percent (5.0%) of the total costs available to the broker to either retain as underwriting gain (up to a maximum of five percent, 5%) or reduce the underwriting losses. The ability to access any funding within the performance band, including the 2.0% underwriting gain, is dependent upon the broker's

performance. Any or all of the underwriting gain, including the first two percent (2.0%), may be denied if performance on quality is not met.

.